

RI Governor's Commission on Disabilities

GCD Form C. ADA/504 Action Plan

Agency:			
Name of Agency's ADA Coordinator:		Title:	
Address:			
Phone Numbers	Voice:	Fax:	TTY:
e-mail address:			
CFR #	Describe areas of non-compliance	Describe steps to bring about compliance	Projected Date for Compliance
Signature of Agency Director			Date